



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 11, 2024

Nicholas Engman
Engman's Haven House LLC
241 E. Breen Ave
Kingsford, MI 49802

RE: License #: AM220410046
Engman's Haven House
241 E. Breen Ave.
Kingsford, MI 49802

Dear Mr Engman:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
2940 College Avenue
Escanaba, MI 49829
(906) 280-8531

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM220410046
Licensee Name:	Engman's Haven House LLC
Licensee Address:	241 E. Breen Ave Kingsford, MI 49802
Licensee Telephone #:	(906) 779-9030
Licensee/Licensee Designee:	Nicholas Engman, Designee
Administrator:	NA
Name of Facility:	Engman's Haven House
Facility Address:	241 E. Breen Ave. Kingsford, MI 49802
Facility Telephone #:	(906) 779-9030
Original Issuance Date:	10/20/2021
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/09/2024

Date of Bureau of Fire Services Inspection if applicable: 01/09/2024

Date of Health Authority Inspection if applicable: 04/09/2024

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 8
No. of others interviewed Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☒ If no, explain.
Time did not permit
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

Choose one:

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

Maria Debacker

4/11/2024

Maria Debacker
Licensing Consultant

Date